Child Admission Form

Child Information

Child's Name:	D.O.B:	Entry Date:
Resident Parent / Guardian Name:		
Absent Parent / Guardian Name:		
Absent Parent / Guardian Phone & Address:		

Custody:
- ❑ Joint / Mother Custodial
- ❑ Joint / Father Custodial
- ❑ Mother only
- ❑ Father only
- ❑ Other (please explain) _____

_____

Emergency Contact: Release signed? Y / N

Name:

Address:

Phone:

Relationship to child:

Child's Identification Documentation:
- ❑ SSN __ __ __- __ __ - __ __ __ __
- ❑ Birth Certificate / Copy Attached
- ❑ Recent Photo / Copy Attached

Child's Medical History

Primary Care Physician:	❑ Immunization Record (copy attached)
Phone:	❑ Allergies
Hospital / Clinic Affiliations:	❑ Chicken Pox
Hospitalizations:	❑ HIV
	❑ Measles
	❑ Mumps
	❑ Other_____

Current Prescription Medications:

RX#	Medication	Pharm/ Tel#	MD Tel #	Dosage	Reason/ Side Effects / Results

Resident Initials: _____ Staff Initials: _____

Education				
School / Daycare:				
Teacher	Principal:			
Address:	Phone:			
Child will be transported to school by: ❑ School bus ❑ Walk ❑ Taxi ❑ Other_____	Parent / Guardian will accompany child to and from school? ❑ Yes ❑ No			
Does your child have problems in school with (check all that apply):	❑ In-school work	❑ Homework	❑ Teacher(s)	❑ Classmates
Does this child have a problem with absenteeism at school?			❑ Yes	❑ No
Does this child have any special education needs? Explain.				

Legal		
Has your child had any court involvement?	❑ Yes	❑ No
Is your child currently court involved?	❑ Yes	❑ No
Child's Attorney:		
Attorney Address / Phone / Fax:		
Issue:		

Agencies that are involved or have been involved with this child		
Agency / Contact:	**Phone #:**	**Fax #:**
EI:		
DYS:		
DSS:		
AFDC:		
WIC:		
Probation:		

Resident Initials: _____ Staff Initials: _____

Behavioral History

Briefly describe your child's behavior:

	Yes	No	Explain
Is your child prone to extreme mood swings?	❑	❑	
Does your child show signs of being self-destructive?	❑	❑	
Does you child appear to be sad/depressed often?	❑	❑	
Do you believe that your child has unresolved emotional issues?	❑	❑	
Does your family have a history of hyperactivity?	❑	❑	
Do you believe your child may be hyperactive?	❑	❑	
Has your child taken any medications for depression, mood swings, hyperactivity, other?	❑	❑	

If yes, when _____ what _____
for how long _____ prescribing MD _____

In social situations do you consider your child to be:	❑ sociable	❑ withdrawn	❑ aggressive	❑ somewhat aggressive	❑ passive
Does your child respond appropriately to your requests?	❑ always	❑ most of the time	❑ sometimes	❑ when he/she feels like it	❑ rarely / ❑ never
Do you consider your child's energy level to be:	❑ High		❑ Normal	❑ Low	

Therapy

This child is receiving therapy at (List Agency):

Therapist: Phone #:

Kinship Information

List all siblings	Age	Absent parent	Location of child

The child has [Check all that apply]:

Witnessed domestic violence	❑ Yes	❑ No	❑ Don't know
Been the victim of domestic violence	❑ Yes	❑ No	❑ Don't know

Resident Initials: _____ Staff Initials: _____

Witnessed sexual assault			❑ Yes	❑ No	❑ Don't know
Been the victim of sexual assault			❑ Yes	❑ No	❑ Don't know
Been aggressive towards other children			❑ Yes	❑ No	❑ Don't know
Been aggressive towards animals			❑ Yes	❑ No	❑ Don't know
Displayed sexualized behavior			❑ Yes	❑ No	❑ Don't know
Been placed in foster care			❑ Yes	❑ No	❑ Don't know
Been placed in more than one home in foster care			❑ Yes	❑ No	❑ Don't know
Has your child ever been abused?	❑ No	❑ Sexually	❑ Physically	❑ Emotionally	❑ Don't know

If yes to any of the above, describe circumstances and intervention:
Briefly describe the child's relationship with:
Parent(s):
Sibling(s):
Other adults:
Other children:
Important events before, during, and after birth:
Recommendations:
Referral:
In-house service plan:

I have read and understand the above information concerning my child and find it to be accurate. I understand this is a confidential record therefore I have initialed each page in the presence of a staff member.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

A Picture of Your Child in Words

The purpose of this section is to record information about your child, which can help everyone respond to your child's needs. You may not be able to answer all the questions right now. You may come up with more information after you've spent more time with your child. You may also like to get input from others who know your child well (i.e. Day Care Provider, Foster Parent, Childcare Coordinator).

How would you describe you child? Check one box next to the numbers 1-5 to show how you would describe your child.

Easygoing	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Not easy going
Very active	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Not very active
Even tempered	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Not even tempered
Easily distracted	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Not easily distracted
Adapts to change slowly	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Adapts to change quickly
Has regular habits	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	Has irregular habits

What do you enjoy about your child?

What do you find difficult when spending time with your child?

Describe your child's:

Strengths:

Skills:

Interests:

Favorite foods:

Favorite activities:

Dislikes:

What comforts your child (something you do, a favorite toy or song)?

What does your child need help with (bedtime, mealtime, bath/toilet routine, dressing)?
How does your child show his/her need for time out?
Does your child have any fears?